

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015894

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002** Registrar's No. **2330**

STATE FILE NUMBER

VS 300
Rev. 4/59

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23418-

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9330X

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Frank Ellis

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**

Length of stay in lb
18 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **General Hospital**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS **2613 Highland** (If outside, give location)
Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Wilma** Middle **Dean** Last **Allison**

4. DATE OF DEATH
Month **April** Day **19** Year **1963**

5. SEX
Female

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-18-36

9. AGE (last birthday)
27

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Conway, Ark.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
David Allison

13b. MOTHER'S MAIDEN NAME
Mamie Pearson

14. NAME OF HUSBAND OR WIFE
--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.
10

17. INFORMANT
Address
Mrs. Mamie Allison 2212 E. 12th.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Subarachnoid hemorrhage**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
COUNTY STATE

21. I attended the deceased from **4-19-63** to **4-19-63** and last saw her alive on **4-19-63**
Death occurred at **10:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
E. Frank Ellis (Name or title)

22b. ADDRESS
2400 Cherry

22c. DATE SIGNED
4-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
4-25-63

23c. NAME OF CEMETERY OR CREMATORY
Blue Ridge Lawn

23d. LOCATION (City, town, or county)
Kansas City, Mo. (State)

24. FUNERAL DIRECTOR
ADDRESS
Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.
4-19-63

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Winters

Licensed Embalmer No. 4500

P. O. Address 1806 E. Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.